

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$5,752.38 for date of service, 06/15/01.
- b. The request was received on 06/05/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. Initial Submission of TWCC-60
 1. UB-92s
 2. EOB(s)
 - b. Additional documentation requested on 06/21/02
Based on Commission Rule 133.307 (g) (4), the Division notified the Requestor of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 06/12/02. There is no response from the Requestor in the file. A "No Response Found" from the Requestor is reflected in Exhibit I.
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. UB-92
 - c. Medical Audit summary/EOB/TWCC 62 form
 - d. Reimbursement data
 - e. Copies of State Office of Administrative Hearing (SOAH) decisions
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

3. Based on Commission Rule 133.307 (g) (4) , the Division notified the Requestor with a copy to the insurance carrier Austin Representative of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 06/21/02. There is no response from the Requestor in the file. There is a Carrier initial response and a 14-day response in the file (apparently in response to the copy of request for additional documentation sent to the provider). A "No Response Found" from the Requestor is reflected in Exhibit I.

III. PARTIES' POSITIONS

1. Requestor: No position statement found
2. Respondent: Letter dated 07/24/02

"...Carrier's rate of reimbursement in this case not only meets but exceeds the Act's criteria for payment in all respects. Provider has the burden of proof in this case. The Provider has simply not met its burden of proof under 133.305(e)(1)(F) to establish that its billed charges meet the statutory standards under the Act.... Provider has not met its burden of proof to establish that its charges of \$5,597.42 comply with the Act's statutory standards for reimbursement. Therefore, it is not entitled to additional reimbursement."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 06/15/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$5,972.01 for services rendered on the above date in dispute.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$164.63 for services rendered on the above date in dispute. The Carrier's EOB submitted by the Requestor does not show a denial code.
5. Per the Requestor's Table of Disputed Services, the amount in dispute is \$5,752.38 for services rendered on the above date in dispute.
6. There is no medical documentation in the file to support that services were rendered and that the charges were fair and reasonable.

V. RATIONALE

Medical Review Division's rationale:

The medical documentation indicates the services were performed at an ambulatory surgery center. Commission Rule 134.401 (a)(4) states ASCs, "shall be reimbursed at a fair and reasonable rate..."

Section 413.011 (b) of the Texas Labor Code states, "Guidelines for medical services must be fair and reasonable and designed to ensure the quality of medical care and to achieve effective medical cost control. The guidelines may not provide for payment of a fee in excess of the fees charged for similar treatment of an injured individual of an equivalent standard of living and paid by that individual or by someone acting on that individual's behalf. The Commission shall consider the increased security of payment afforded by this subtitle in establishing the fee guidelines."

Rule 133.307 (g) (3) (D) places certain requirements on the provider when supplying documentation with the request for dispute resolution. The provider is to discuss, demonstrate, and justify that the payment amount being sought is fair and reasonable. Commission Rule 133.304 (I) (1-4) places certain requirements on the Carrier when reducing the billed amount to fair and reasonable. Regardless of the Carrier's methodology or lack thereof, or a timely or untimely response, the burden remains on the provider to show that the amount of reimbursement requested is fair and reasonable.

Due to the fact that there is no current fee guideline for ASCs, the Medical Review Division has to determine what would be fair and reasonable reimbursement for the services provided. The carrier has submitted reimbursement data to explain how it arrived at what it considers fair and reasonable reimbursement. Even though the provider has submitted EOBs from other carriers to document what it considers fair and reasonable reimbursement, the burden remains on the provider to show that the amount of reimbursement requested is fair and reasonable. The willingness of some carriers to reimburse at or near the billed amount does not necessarily document that the billed amount is fair and reasonable and does not show how effective medical cost control is achieved, a criteria identified in Sec. 413.011(b) of the Texas Labor Code. Therefore, based on the evidence available for review, the Requestor has not established entitlement to additional reimbursement.

The above Findings and Decision are hereby issued this 19th day of August 2002.

Denise Terry, R.N.
Medical Dispute Resolution Officer
Medical Review Division

DT/dt